

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 992 / 2016

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ED MALETIS

Mailing Address 2033 SW JACKSON STREET

City

PORTLAND

State

OR

Zip Code

97201-2423

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLUMBIA DISTRIBUTING

Occupation

INVESTOR/DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8624.77

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	0

Transaction ID: SA11.13771575

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. LENKALA MALLAIAH

Mailing Address 311 N MANGOUSTINE AVE

City

SANFORD

State

FL

Zip Code

32771-1098

FEC ID number of contributing
federal political committee.

C

Name of Employer
MID FLORIDA GASTROENTEROL-
OGY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	0

Transaction ID: SA11.13814158

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. VIRGINIA E. MALLARD

Mailing Address 1800 RIDGE AVE

City

EVANSTON

State

IL

Zip Code

60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	0

Transaction ID: SA11.13809291

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5400.00

TOTAL This Period (last page this line number only)